

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

Alyse for Alaska

Full Name (Last, First, Middle Initial)

Saltonstall, William, L, ,

A.

Mailing Address 16920 Tideview Dr

City

Anchorage

State

AK

Zip Code

99516-4833

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Southcentral Foundation

Occupation

Physician

Receipt For: 2020

☒

Primary

☐

General

☐

Other (specify) ▼

Election Cycle-to-Date ▼

270.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	6		2	0	2	0

Transaction ID : 4839432

Amount of Each Receipt this Period

50.00

☐ Memo Item

\* Earmarked Contribution: See Below

Full Name (Last, First, Middle Initial)

ACTBLUE

B.

Mailing Address 366 Summer St

City

Somerville

State

MA

Zip Code

02144-3132

FEC ID number of contributing  
federal political committee.

C

C00401224

Name of Employer

Occupation

Conduit total listed in Agg. field

Receipt For: 2020

☒

Primary

☐

General

☐

Other (specify) ▼

Election Cycle-to-Date ▼

1145612.02

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		1	6		2	0	2	0

Transaction ID : 4839432E

Amount of Each Receipt this Period

50.00

☒ Memo Item

Note: Above Contribution earmarked through this organization.

Full Name (Last, First, Middle Initial)

Saltonstall, William, L, ,

C.

Mailing Address 16920 Tideview Dr

City

Anchorage

State

AK

Zip Code

99516-4833

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Southcentral Foundation

Occupation

Physician

Receipt For: 2020

☐

Primary

☒

General

☐

Other (specify) ▼

Election Cycle-to-Date ▼

270.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8		3	1		2	0	2	0

Transaction ID : 4960290

Amount of Each Receipt this Period

50.00

☐ Memo Item

\* Earmarked Contribution: See Below

SUBTOTAL of Receipts This Page (optional)..... ▶

100.00

TOTAL This Period (last page this line number only)..... ▶